

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHANDLER HALL HEALTH SERVICES, INC.

To operate CHANDLER HALL HEALTH SERVICES, INC. - HICKS

Located at 99 BARCLAY STREET, NEWTOWN, PA 18940

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 60
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

and shall remain in effect from March 9, 2011 until March 9, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129870

Robert E. Robinson

ISSUING OFFICER

R C King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 14 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Lynette Killen, CEO
Chandler Hall Health Services, Inc.
Chandler Hall Health Services, Inc. – Hicks
99 Barclay Street
Newtown, Pennsylvania 18940

Dear Ms. Killen:

As a result of the Department of Public Welfare's licensing inspection on December 13, 2010, December 14, 2010, and December 16, 2010, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

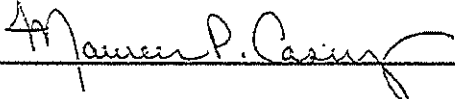

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHANDLER HALL HEALTH SERVICES INC HICKS, 99 BARCLAY STREET NEWTOWN, PA 18940		CURRENT LICENSE NUMBER 129870	
INSPECTION DATES (Include all dates of the inspection) 12/13/2010		REGIONAL REPRESENTATIVE Laura Helmuth, Christine McHale, Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Maureen P. Casey, Chief Operating Officer</i>			
SIGNATURE OF LEGAL ENTITY <i>Maureen P. Casey</i>	DATE 12-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LAH</i>	DATE 2/18/11

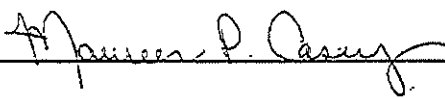

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42g A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.	The contracts for residents #1 through #8 read, "A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home."	<i>1/28/10</i>	<ol style="list-style-type: none"> 1. The resident contract was updated by the Senior Director of Marketing and Sales to clarify the resident's contract indicating that the "residents may voluntarily perform tasks related directly to the resident's personal space" omitting the language regarding "and common areas of the home." (see attachment #1) 2. A letter will be distributed to current residents on notifying them 30 days in advance of the changes to the contract. 	<i>3/7/11 LAH</i>

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65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	Staff Persons A and B's training records for the fire safety training held on 7/29/09 do not include the length of the course.	12-15-10	<ol style="list-style-type: none"> 1. Record of training form was developed in July 2010 to include all of the necessary components for fire training records. This form has been used for all fire safety training since July 13, 2010. (see attachment #3) 2. The department's recommended format for documentation of training has been implemented since July 2010 for all other staff inservices/trainings. (see attachment #4) 	3/7/11 CM

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183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	On 12/16/10, a bottle of Tylenol for resident #4 was in the home's medication cart. The Tylenol expired in May of 2010. Repeated Violation - 7/21/09, et al	12-31-10 2/18/11	1. An audit of the medication cart will be conducted weekly by the PC LPN or designee to check for prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served in the residence will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. Audit findings will be reviewed at the weekly Personal Care Department Meeting. A memo of reminders for proper handling, storage and disposal of medication has been provided to the staff. <i>The identified medication will be discarded. VWH 2/18/11</i>	3/7/11 Date Initials (DPW) C/M

Steps have been taken to correct violation; full compliance is not verifiable
3/7/11
Date
Initials (DPW)
C/M

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SIGNATURE OF LEGAL ENTITY <i>Maurice P. Casey</i>	DATE 12-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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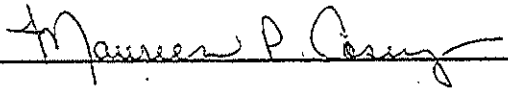
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>-The medication administration record for resident #1 does not include a diagnosis for Synthroid 100mcg.</p> <p>-The medication administration record for resident #1's Docusate Sodium indicates the resident is receiving a 100mg tablet daily. The medication actually administered to this resident is two 50mg tablets daily.</p> <p>-The medication administration record for resident #4's Oyster Cal indicates the resident is receiving a 500mg tablet twice a day. The medication actually administered to this resident is two 250mg tablets twice a day.</p> <p>-The medication administration record for resident #6 does not include a diagnosis for Omeprazole 20mg.</p>	12-31-10	<p>1. Staff have been provided with memo and inservicing of proper medication documentation procedures. Weekly MAR audits will be provided by the PC LPN or designee to ensure proper documentation procedures, including accuracy in required content on the record as outline in 187a.. Further infraction of medication documentation procedures will result in disciplinary action.</p> <p>1. Diagnosis have been provided by the CRNP for resident #1. Clarification of orders has been provided for resident's #1 and 4. (see attachments #6 and 7).</p>	3/26/11

Steps have been taken to correct violation; full compliance is not verifiable
3/17/11
Date Initials (DPW)

Resident #1 + #4's MARs will be updated to reflect the accurate dose and strength.
Resident #6's MAR will be updated to include the identified diagnosis. MAR 3/18/11. Date 3/18/11

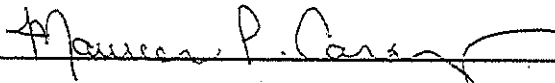

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
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>-On 12/5/10, resident #4's Oyster Cal was administered at 9:00am. The staff person that administered the medication did not initial the medication administration record.</p> <p>-On 12/5/10, resident #6's Norvasc 10mg was administered. The staff person that administered the medication did not initial the medication administration record.</p> <p>Repeated Violation - 7/21/09, et al</p>	12-31-10	<p>I. Staff have been provided with memo and inservicing of proper medication documentation procedures. Weekly MAR audits will be provided by the PC LPN or designee to ensure proper documentation procedures. Further infraction of medication documentation procedures will result in disciplinary action.</p> <p>(Attachment #5)</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>3/7/11 Date</p> <p> Initials (DPV)</p>